fissures, adenomata, proctitis, and prolapse, while hemorrhoids are not unknown.

Hemorrhoids are, par excellence, the most frequent cause of bleeding from the anus and for this reason have been the most frequent cause of obscuring the diagnosis of cancer; but as a rule the bleeding is of an entirely different type. A nonoperative remedy for hemorrhoids which, in certain instances, will stop bleeding and very often cure the hemorrhoids themselves, is their injection by some escharotic.[5] This form of treatment has been disinterred from the past or, rather, kept fitfully alive mainly by the less orthodox of rectal specialists. For this we must give them due credit. It is a proper, safe and good way of effacing the smaller hemorrhoidal masses.[5] Fissures, in the adult, as a rule require excision. In children they usually heal spontaneously or by divulsion of the sphincter if constipation is not marked. Fistulae are not now so commonly seen as formerly, when manifold branches opened onto the surface. But should medical measures be undertaken in their case (they usually have one common tract) they are usually curable, although several large and radical drainage wounds may be necessary at one or more operations.

With this field of surgery actively being investigated, we may expect to eradicate some of the important difficulties at present confronting us. For example, there is the large operative mortality of a desirably extensive operation for cancer of the rectum, the unknown cause and unsatisfactory treatment of the disease at present known as nonspecific ulcerative colitis, the resistance to treatment of acute and chronic proctitis, the unsatisfactory nature of all existing operations for the severer stage of prolapse of the rectum.

M. S. WOOLF.

5. Morley, Arthur S.: Hemorrhoids. Cloth $2. Pp. 114 with nine illustrations. Oxford.

Roentgen-ray Diagnosis of Pleural Effusions, General and Local—L. R. Sante, St. Louis (*Journal A. M. A.*), regards roentgen-ray examination of the chest of importance in the diagnosis and localization of pleural effusions. Fluoroscopy should never be relied on alone, however, for diagnosis, and should always be checked by radiographic examination. The roentgen-ray characteristics of pleural effusions are: In general effusions: When the lung is well areated and is freely movable: 1. There is a dense shadow occupying the lower portion of the chest. 2. The costophrenic sinus is obliterated. 3. The upper border is curved, concave, extending upward and outward from the hilum toward the auxiliary line, showing little, if any, change, on change of position of the patient. 4. There is displacement of the heart and mediastinal structures in large effusions, or, when these structures are not displaced, a persistence of the areation of the apex. 5. Diaphragmatic shadows are obliterated, and there is a continuation of the shadow of the effusion with that of the liver or spleen. When the lung is consolidated or fibrosed and has lost its resiliance: 1. There is a ribbon-like shadow along the parietal wall of the chest. In local effusions: 1. The entrapping of fluid usually occurs during the course of an inflammatory process. 2. The effusion may occur in any location where two pleural surfaces come in contact with each other; between parietal and visceral pleural layers; at the anterior, posterior or lateral chest wall; between diaphragm and lung, mediastinum and medial border or interlobar. 3. Whatever the location, the effusion produces one characteristic shadow—convex rounded border, with its base at the periphery, and the convexity inward toward the lung.

MEDICAL ECONOMICS, ORGANIZATIONS AND AGENCIES

Board of Medical Examiners (California)—The annual report of the Board of Medical Examiners now in press contains much information valuable to physicians, as well as recommendations that will have the united endorsement of physicians and which merit the attention of lawmakers, as well as those charged with the enforcement of existing laws.

Dr. C. B. Pinkham, secretary of the board, has supplied us with the following highlights from the report:

The report comments on the disastrous results following the local application of poisonous preparations by so-called beauty specialists, a tabulation of deaths resulting therefrom listed, and urges **legislation to prohibit a continuation of the use of poisons in toxic doses in face-peeling preparations.**

Comment is made on the necessity for continued, careful scrutiny of credentials submitted by applicants from other states, as well as the issuing of duplicate certificates, the diploma mill exposé of 1924 demonstrating the ease with which fraudulent credentials may be used in securing a license to practice in a sister state.

Legislation is urged making it a felony to issue, barter, or sell fraudulent credentials to be used in connection with a license to practice in the state of California.

Legislation is also urged to curtail the incorporation and operation of quasi-fraudulent institutions or "sun-down" colleges. "So long as lax state laws permit the incorporation of 'sun-down' institutions clothed with statutory authority to grant professional degrees without exaction of a capable teaching force, satisfactory equipment and honest management, the incorporators of such institutions, careless of human sacrifice, will continue to line their pockets with ill-gotten gains through the selling of degrees. *California, unfortunately, is one state where about three individuals, with approximately $12.50 to spend, can incorporate any kind of a nonprofit-sharing college and issue any kind of a degree without molestations.*" Profiting by the diploma mill exposé showing the ease with which licenses to practice have been bought in other states, it has been suggested that Section 13 (reciprocity) of the Medical Act be amended so that an oral examination be required of those coming to California from other states, basing their applications on a license issued by a sister state bearing a date ten years prior to the filing date in California. An oral examination should also be exacted when any question arises as to the applicant's qualifications. Such procedure would obviate the possibility of impostors filing applications in this state, they knowing the impossibility of their passing any kind of an examination.

Applications filed during the past year exceeded those of the prior year although the total number of certificates were less, this being due to the fact that one of our California medical schools which heretofore has sent us approximately forty-five applicants for examination, had no graduating class during the year 1926.

Certificates have been granted to those presenting credentials from other states in less number than the prior year, the largest number of applicants coming from Illinois, which ranks third in the United States in the total number of physicians licensed. New York, which shows the largest United States registration of physicians, sent California the second largest group of reciprocity applicants, while Pennsylvania, the second largest in registered physicians, sent us only eight reciprocity licentiates.

California licentiates in the number of fifty-seven sought registration in other states during the year just closed.

Written examination results for physicians and surgeons' certificates show that 85 per cent passed and 14 per cent failed. Drugless practitioners: 53 per cent passed

and 46 per cent failed. Chiropodists: 100 per cent passed. Midwives: 40 per cent passed and 60 per cent failed.

The grand total of all those examined in this state under the Medical Act shows 82.6 per cent passed and 17 per cent failed.

Hearings—Thirty-five licentiates of the state of California were called before the board during the past year to show cause why their license should not be revoked. In this group the largest percentage of violators, i. e., 62 per cent, were those charged with violation of the narcotic law, and as a result the largest number of hearings during several years past, were held by the board. Sixteen licenses were revoked; three suspended; nine placed on probation; five found guilty and judgment deferred; while two are still pending hearing.

Report of the legal department shows fifty-four cases handled in the North, and sixty-six in the southern district, with a total of $4016.25 received from fines on charges of violations of the Medical Practice Act, although the board some time ago adopted a policy of not requesting fines, but asking the trial judge to impose such a sentence, with probation should he so desire, which would have a salutary effect in discouraging further violations of the law.

Enforcement—"One of the disheartening features of the board's work is reflected in the delays offered by court procedure undertaken by those licensed to practice under the Medical Act who, having been penalized after a conscientious hearing at a legal meeting of the board, thereafter invoke the law's delays through the medium of a writ of review or some similar legal process, that results in tying the hands of the board. Those whose licenses have been revoked have only to appeal for such a writ and then practice merrily on in defiance of the order of the board, for our experience has been that attempts to prosecute such individuals for violation are given no consideration, the court refusing to proceed with the hearing on the theory that nothing can be done until the higher courts decide on the merits of the writ of review, which, in the present crowded state of court calendars, means about two years' delay."

Suggestion is made that, if legally possible, Section 14 of the Medical Act should be so amended that writs of review should go directly to the Appellate Court, thus obviating the tiresome delays now experienced in Superior Court procedure.

Deceased—The records show that during 1926 deaths among licentiates were increased over those reported in 1925.

The financial statement shows the income of the board during the past calendar year to have been $62,664.86, which was considerably in excess of the amount expended.

Howard H. Johnson, director of Saint Luke's Hospital, San Francisco, after a study of comparative costs of hotel and hospital care (exclusive of physicians' fees), arrives at the following average costs for ten days' service:

Hotels (first class)		Hospital	
Room	$ 60.00	Room	$ 75.00
Meals	45.00	All extras	30.40
Laundry	2.00		
Tips	5.00		$105.40
Telephone	4.00		
	$116.00		

Hotels (medium class)		Hospital	
Room	$35.00	Room	$50.00
Meals	20.00	All extras	30.40
Laundry	2.00		
Tips	3.00		$85.40
Telephone	3.50		
	$63.50		

The eminent fairness of these figures is supported by the statements of traveling men who are allowed from $10 to $25 a day for hotel expenses. They are further supported by reports to CALIFORNIA AND WESTERN MEDICINE, showing that when one member of a family is ill in a hospital and the other stops at a hotel, the cost of hotel service usually exceeds hospital costs, exclusive of the physician's fee. Those who are ill in hotels find costs still very much higher. Why is it then that thousands of people who daily pay, without grumbling, expensive hotel bills, often complain at smaller hospital charges when they are ill?

The hospital renders every service that the hotel renders—renders it day and night—as well as many services that hotels do not render at all, because they are not needed for the healthy.

For obvious reasons it costs more per room to build a good hospital than it does an equally good hotel. Salaries, wages, power, light, heat, food, bedding, subsistence, laundry, and many other essential services cost the hospital fully as much as they do a hotel.

Hotels are operated by keen business men for business purposes, and most of them make a profit. Hospitals, the better ones, are operated by equally good—often the same—business men who operate hotels, and yet very, very few hospitals make a profit.

The truth of the matter is that most of the complaints about excessive hospital charges is plain "bunk," and is of the same type that was current about hotel charges a short generation ago when hotels changed from the so-called "American plan" to the so-called "European plan" of figuring costs and making charges.

The remedy is: more extensive public information about the facts and less howling by those who should know better about the abnormal costs of hospitalization. There is not a significant bit of evidence to indicate that the costs of good hospital service can be materially decreased. This because medical progress is constantly making new demands, expensive to meet, and still further increases in hospital costs will be necessary to hospitals that fulfil this legitimate purpose.

The National Guard and the Medical Reserve Corps—The National Guard of the various states is now turning in to help develop the Medical Reserve Corps and its organized units—appreciating that the latter will furnish the hospital service required by the National Guard.

Upon the request of Colonel Edgar A. Sirmyer, National Guard officer, Ninth Corps Area; Brigadier-General R. E. Mittelstaedt, Adjutant-General National Guard of California, has issued an official appeal, from which we abstract:

"Outside the four General Hospitals maintained throughout the United States by the Medical Department of the Regular Army, the utmost expansion of which could do little to meet the needs of hospital service in case of mobilization, the operation of the entire hospital service for the army of the United States is reposed in the Medical Reserve Corps.

"The medical service maintained by the National Guard is entirely divisional, and makes no provision whatever for medical care except that of brief emergency within the National Guard divisions themselves.

Any member of the National Guard, on mobilization in national emergency, suffering any serious or protracted illness or injury, must therefore look for definite hospital care and professional treatment outside the National Guard divisional area.

"I feel accordingly that the members of the National Guard have a direct personal and vital interest in the building up of the General, Evacuation, Surgical and Station hospitals, the Hospital Centers, Laboratories, Hospital Trains, and other relief establishments operated by the Medical Reserve Corps, and which will be the only institutions available for the care of sick and wounded members of the National Guard, in any emergency, of whatever magnitude.

"No conflict whatever between enrollments for the National Guard, Medical Department, and for the Medical Reserve Corps, need exist. The following are some of the main reasons:

"(a) There are many doctors who do not wish to give the time, and accept the responsibilities incident to joining the National Guard, but who would be quite willing to accept a commission in the Medical Reserve Corps, as the latter requires no time or effort that the officer may not wish to give.

"(b) National Guard Medical Service is service with troops, with its professional work necessarily limited to

the emergency and temporary care of cases. There are many physicians in civil life who are interested only in the professional end of medical service, and in the direct care of the sick and disabled. Practically all the specialists come under this class, as operating surgeons, internists, genitourinary men, x-ray men, laboratory men, etc. The hospital service functioning in the nondivisional units of the Medical Reserve Corps furnishes exactly the kind of professional work that would appeal to these men in case of national emergency.

"It appears from the foregoing that the National Guard would thus help create the hospital service necessary to itself from a class of physicians who, in time of peace, would not join the National Guard, and would otherwise have to be left out of its consideration."

Restoring the Normal Peristalsis to "Cooperation" in Health Work—A prominent voluntary health organization in New York has instructed its local executives to "cooperate more closely *with their county medical societies.*" It is even suggested that programs for proposed work by the voluntary agency be submitted to the county medical society for suggestion, criticism or approval *before* it is put into operation.

News items of similar character are appearing with increasing frequency, and the movement is worthy of emulation by other voluntary health agencies.

A completely equipped and personneled hospital is one of the features of the recently enlarged and otherwise modernized historic Palmer house of Chicago. The hospital-hotel, the hotel-hospital, and the hotel with a hospital unit are all significant developments in the "onward march of civilization."

California needs 345 more Medical Reserve Corps officers to make our quota 100 per cent. The combination of personal advantages and the privilege of rendering public service in having one of these commissions ought to make them tempting. Utah now has 103 per cent and Nevada 60.86 per cent of their respective quotas. California's percentage is now 68.80.

The salesmen of the Abbott Laboratories and the Dermatological Research Laboratories from the Middle West and the South met in the home offices of that company in North Chicago the week of December 27.

Four days were spent in intensive study of the Abbott and D. R. L. products. Playlets were staged illustrating sales points, and round-tables were conducted on subjects of importance to the salesmen and the firm. On Tuesday evening, December 28, the salesmen were invited to attend the annual Christmas dinner and dance given by the employees of the Abbott Laboratories. Over 500 were in attendance at this function. On the following evening the salesmen were entertained at a banquet given by the Abbott Laboratories in their own cafeteria, recently installed at the North Chicago plant. Addresses were given at this meeting by Alfred S. Burdick, president of the Abbott Laboratories, who reviewed the progress of the company and introduced G. W. Raiziss, professor of chemotherapy, University of Pennsylvania, who spoke on the newer arsenical compounds, particularly bismarsen, a new combination of bismuth and arsenic; Roger Adams, professor of chemistry, University of Illinois, told of his investigations in the field of chaulmoogric acids; and A. G. Young of the University of Michigan spoke of the treatment of arthritis deformans with o-iodoxy benzoic acid, amidoxyl.

E. B. Myers Company of Los Angeles, whose advertisement appears in this and subsequent issues, formerly Nurses' and Students' Outfitting Company, Inc., are continuing the manufacture of "Medico" professional garments. It is the same organization and personnel that ran the Nurses' and Students' Outfitting Company for the past twenty years.

"Medico" is a registered trade-mark, and goods are shipped every day all over the western states. "Medico" professional garments are made in stock sizes for wholesale supply houses and made to measure for individual trade. Each line is made in a separate factory. "Medico" garments have been improved steadily through the kind suggestions from our doctor friends from time to time. This is the reason why "Medico" professional garments are more advanced and more popular than other makes.

Besides "Medico" professional garments the E. B. Myers Company furnish the colleges in the western and southern states with academic caps, gowns and hoods.

"During the year 1925 workmen's compensation and medical benefits disbursed to injured and their dependents in the state aggregated $10,615,080, of which the state fund paid $3,329,601, or approximately one-third. *The fund is a non-profit organization and to date has returned in dividends to its policyholders more than $11,400,000.*"

There were 433 deaths from alcoholism among Metropolitan Industrial policyholders during the first nine months of 1926 with a death rate of 3.3 per 100,000. This is the highest death rate for this disease for any similar period since 1917. The rate for the corresponding period of last year was 2.9; the increase since last year was approximately 14 per cent.

Cirrhosis of the liver, which is closely associated with alcoholism, accounted for 863 deaths. These deaths give a rate of 6.6 per 100,000, which is slightly below that for the same months of last year (6.7), and a little higher than for the same period of 1924 (6.3).

Deaths charged to wood and denatured alcoholic poisoning numbered twenty-four during the nine months' period.—Statistical Bull., Metropolitan Life Ins. Co.

California Institutions for the Care of Tuberculosis Patients—So many inquiries are received from so many sources about institutional facilities in California for the care of patients suffering from tuberculosis that the most complete list available is given below. Errors will be gladly corrected if reported promptly to CALIFORNIA AND WESTERN MEDICINE.

Of course, as physicians realize, great numbers of tuberculosis patients are being cared for in practically all classes of hospitals. The majority of the institutions marked "private" are in fact partially supported by private philanthropy and there are few, if any, in the entire list that make a profit for the owners.

Ahwahnee Sanatorium (tax supported), Madera, Merced, and Stanislaus counties, Ahwahnee. 100 beds—free and $45 to $125 a month to residents of the three counties; $4 a day to others.

Alameda County Tuberculosis Hospital (tax supported), San Leandro. 160 beds—$1.50 a day and free.

Alpine Sanatorium (private), Alpine. 70 beds—rates $25 to $45 a week.

Alta Sanatorium (private), Alta. 25 beds—rates $25 a week.

Alum Rock Sanatorium (private), San Jose. 60 beds—$37.50 to $60 a week.

Antonio Sanatorium (tax supported), Santa Barbara. 48 beds—free and up to $20 a week.

Arequipa Sanatorium (women only) (private), Manor, Marin County. 42 beds—$10 a week ambulent patients; $14 a week bed patients.

Arroyo Sanatorium (tax supported), Livermore. 200 beds—free and $75 a month.

Barlow Sanatorium (private), Los Angeles. 90 beds—$10 a week.

California Sanatorium (private), Belmont. 100 beds—rates $35 to $100 a week.

Canyon Sanatorium (private), Redwood City. 50 beds—$30 to $60 a week.

Cathramon Sanatorium (private), Colfax. $20 to $22 a week.

Colfax Hospital for Tuberculosis Patients (private), Colfax. 180 beds—$30 to $47.50 a week.

Fresno County Tuberculosis Sanatorium (tax supported), Fresno. 60 beds—free and $35 a month.

Humboldt County School for the Tuberculosis (tax supported), Eureka. 50 beds—free and up to $2.50 per day to residents of county; $3.50 a day to others.

Independent Order of Foresters Sanatorium (private), Pacoima. 75 beds—free to members.

Jewish Consumptive Relief Association (private), Duarte. 90 beds—free.

Kolb & Kirschner's Sanatorium (private), Monrovia. 90 beds—$25 to $40 a week.

La Vina (private), Pasadena. 100 beds—free and up to $22.50.

Las Solanitas, Housekeeping Cottages (private), Palm

Springs. 20 beds—rates $40 to $150 a month for furnished cottages.
Monrovia Sanatorium (private), Monrovia. 13 beds—$25 to $40 a week.
Mother Cabrini Tuberculosis Preventorium (private), Burbank. For Mexican and Italian girls under 14 years of age. Capacity, 100 beds—free with a charge for those able to pay.
National Home for Disabled Volunteer Soldiers (federal tax supported), Sawtelle. 135 beds—free.
Olive View Sanatorium (tax supported), San Fernando. 750 beds—free and up to $2.25 a day. (Residents of Los Angeles County only.)
Pinecrest Tuberculosis Hospital (private), Oakland. 11 beds—$25 a week exclusive of medical attention.
Pottenger Sanatorium (private), Monrovia. 144 beds—$37.50 to $65 a week.
Sacramento County Hospital (tax supported), Sacramento. 50 beds—free, but limited to residents of county.
San Bernardino County Tuberculosis Hospital (tax supported), San Bernardino. 40 beds—$10 a week for those able to pay. (Residents only.)
San Francisco City and County Hospital (tax supported), San Francisco. 280 beds—free. (Residents only.)
San Joaquin County General Hospital (tax supported), French Camp. 42 beds—$2 a day for those able to pay. (Residents only.)
Santa Clara County Tuberculosis Hospital (tax supported), San Jose. 75 beds—$7 to $10 a week. (Residents of state only.)
Shasta County Tuberculosis Hospital (tax supported), Redding. 16 beds—free.
Southern Sierras Sanatorium (private), Banning. 24 beds—$100 to $150 a month.
Stony Brook Retreat (tax supported), Keene. 50 beds—$75 a month for adults; $45 a month for children.
The Oaks Sanatorium (private), Los Gatos. 70 beds—$35 to $65 a week.
Tulare-Kings Joint Tuberculosis Hospital (tax supported), Springville. 100 beds—rates according to ability to pay. (Residents only.)
U. S. Veterans' Hospital (federal tax supported), Camp Kearney. 538 beds—free.
U. S. Veterans' Hospital (federal tax supported), Palo Alto. 246 beds—free.
Vauclain Home, San Diego County (tax supported), San Diego. 60 beds—free. (Residents only.)
Weimar Joint Sanatorium (tax supported), Amador, Colusa, Contra Costa, El Dorado, Placer, Plumas, Sacramento, Sutter, Tuolumne, Yolo and Yuba counties, Weimar. 300 beds—free to county patients; $10.50 a week to other patients.
Wright's (private), Monrovia. 12 beds—$5 a week; patients supply own food.

Low Temperature, High Barometer, and Sudden Death—Herman N. Bundesen and I. S. Falk, Chicago (*Journal A. M. A.*), present a series of curves to show the seasonal variations in mortality from organic diseases of the heart or from organic diseases of the heart, cerebral hemorrhage and chronic nephritis combined, in mean weekly temperatures and in mean weekly barometric pressures. The curves show that mortality was high when temperature was low, and vice versa. A clearly apparent correlation between the fluctuations in mortality and in barometric pressure is not demonstrated. The authors present in table form a series of correlation coefficients which were calculated to determine the relations between deaths from organic diseases of the heart, and barometric pressure or mean temperature. It appears that there was not a significant correlation between deaths from organic heart disease and barometric pressure in 1924, and in the first thirteen weeks of 1926. There was a significant, direct relation in 1925. In 1924 and in 1925 organic heart disease deaths were very significantly correlated inversely with temperature. In the 1924 and 1926 periods there were high, inverse correlations between barometric pressure and temperature. The inverse correlations between pressure and temperature were signifiant in the periods in which mortality was not significantly correlated with pressure; and were not significant in the only one of three periods studied (1925) in which a significant correlation between mortality and pressure was found.

We are not only to observe our bodies as to meat and exercise, whether they use them more sluggishly or unwillingly than they were wont; or whether we be more thirsty and hungry than we used to be; but we are also to take care as to our sleep, whether it be continued and easy, or whether it be irregular and convulsive. For absurd dreams and irregular and unusual fantasies show either abundance or thickness of humors, or else a disturbance of the spirits within.—Plutarch's Rules of Health.

CALIFORNIA MEDICAL ASSOCIATION

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ROBERT V. DAY ..... Vice-President
EMMA W. POPE, M. D., San Francisco ..... Secretary and Associate Editor for California

MEDICAL ORGANIZATIONS DIRECTORY

Under "Contents" in every issue of CALIFORNIA AND WESTERN MEDICINE appears the above caption, giving the page where the directory may be found.

It embraces the names and addresses of all officers of the California Medical Association; the Scientific Sections; the County Medical Societies; and various other state medical organizations.

All members of the California Medical Association should acquaint themselves with this informative page of CALIFORNIA AND WESTERN MEDICINE.

1927 DIRECTORY CALIFORNIA MEDICAL ASSOCIATION

The 1927 directory has been mailed to all members of the California Medical Association. To interested persons not members of the Association, copies are on sale at the state office, 1016 Balboa Building, 593 Market Street, San Francisco for $1.

Complete and accurate information in legible type is the goal set in each issue of the directory. We had hoped that no errors could be found in the 1927 directory, but unfortunately the three following names have been omitted:

J. M. Frawley, T. W. Patterson Building, Fresno.

Thomas B. Leland, 1195 Bush Street, San Francisco.

Rodney A. Yoell, 317 Physicians Building, 516 Sutter Street, San Francisco.

EMMA W. POPE, *Secretary.*

ORANGE COUNTY

Orange County Medical Association—The society has just completed the last half of a most successful year. A number of interesting papers have been heard since the summer recess. In September Burns S. Chaffee of Long Beach presented in a most able manner the subject of "Acute Intestinal Obstruction," bringing out many original points both in diagnosis and treatment. In October Carl W. Rand of Los Angeles gave a very practical talk and lantern slide demonstration on "Skull Fractures" based on a large series of cases attended by him both in private practice and at the Los Angeles General Hospital. In November John V. Barrow of Los Angeles presented in a most instructive way the subject of "Intestinal Protozoa," discussing the types of parasites, clinical entities caused by them and methods of treatment. In December Alfred E. Gallant of Los Angeles, visiting orthopedic surgeon at the Orange County General Hospital, conducted an excellent end-result clinic of the work accomplished on the Orthopedic Service during the past year in which he demonstrated many crippled children rehabilitated to a life of usefulness.

At the December meeting officers were elected for the coming year, as follows: D. C. Cowles, Fullerton, president; A. H. Domann, Orange, vice-president; D. R. Ball, Santa Ana, secretary-treasurer; C. D. Ball, Santa Ana,